

STATEMENT OF COMPLIANCE

Statement of Compliance with Eligibility

By submitting an Application, the Applicant certifies the ability to meet the common eligibility requirements described in the Request for Applications.

Statement of Compliance with Applicable State and Federal Laws

By submitting an application, the Applicant certifies the intent to comply with all relevant federal, state, and local laws and regulations, including, but not limited to, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, Title II of the Americans with Disabilities Act, Federal Funding Accountability and Transparency Act, Services to Limited English-Proficient Persons, and the terms and conditions contained in the Grant Agreement, including the following incorporated as Exhibits A through F, accessible on the [VOCA webpage](#):

Initials	All Applicants
	Certifications Regarding Lobbying; Debarment, Suspension And Other Responsibility Matters; And Drug-Free Workplace Requirements
	Standard Assurances
	Single Audit Certification Letter
	Certification of Compliance With Regulations Office For Civil Rights, Office of Justice Programs for Sub-grants Issued by the Oregon Department Of Justice
	Victims of Crime Act Special Conditions

Initials	Applicants for Campus Outreach and Advocacy Project funds certifies that it:
	Is an Institution of Higher Education as defined under the Higher Education Amendments of 1998, 20 U.S.C. § 1001
	Is compliant with Title IX of the Education Amendments of 1972 without any exemptions
	Has a total student enrollment of at least 2,000
	Operates a qualified victim services program
	Has a Victim Services Advocate who meets Oregon's requirement for privilege and provides services as a privileged advocate

Initials	Applicants for Court Appointed Special Advocate Program (CASA) Project funds certifies that it:
	Is approved or sanctioned by a juvenile or tribal court in Oregon
	Has a current Certification of Compliance from the National CASA Association
	Has either a contract with the Oregon Department of Administrative Services for provision of services or is a program of a federally recognized Tribe in Oregon

To the best of my knowledge and belief, all data in this Application is true and correct, the document has been duly authorized by the governing body of the Applicant, and the Applicant accepts all of the requirements contained in this Request for Applications.

Authorized Person's Name (Please print)

Title

Authorized Person's Signature

Date